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Marianne Fedunkiw

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Historians who teach students in professional faculties, such as engineering or medicine, have most often had to piece together a course text from individual articles, gleaned from journals or edited texts. A comprehensive, contemporary text, which offers enough background for a survey course in any area of history of science, can be difficult to find, particularly to serve the needs of a specific or a very general audience.

Jacalyn Duffin's latest book, *History of Medicine: A Scandalously Short Introduction*, offers those who teach medical undergraduates a survey of the major developments in medicine from Antiquity to the present day. As she writes in Chapter One: "I wrote this book because my students asked me to do so. . . . After repeated requests, I finally embarked on the project, hoping that it would be a useful guide for students, for instructors wishing to incorporate history into their health-care teaching, and for interested practitioners."

Trained as both a physician and an historian, since 1998, Duffin has held the Hannah Chair of the History of Medicine at Queen's University in Kingston, Ontario. In addition to history, she teaches courses in law, medicine and philosophy.

This is Duffin's third book and the first that is not a biography. In 1993, University of Toronto Press published *Langstaff. A Nineteenth Century Medical Life*, which chronicled the life and times of Dr. James Langstaff, an Ontario country doctor. She followed this up, in 1998,

with a biography of nineteenth-century, French scientist and teacher Rene Theophile Hyacinthe Laennec, *To See With a Better Eye. A Life of R.T.H. Laennec*, published by Princeton University Press. She also served as co-translator, with Russell C. Maulitz, of Mirko D. Grmek's *History of AIDS: Emergence and Origin of a Modern Pandemic*; this effort, published by Princeton University Press in 1990, received the George Sarton Medal of the History of Science Society.

Written in clear, clean prose, *History of Medicine* outlines the major developments in the history of the basic medical sciences (anatomy and physiology), and then moves on to the history of certain specialties (surgery, pathology, pharmacology, obstetrics and gynecology, psychiatry, pediatrics, and family medicine). Duffin also includes chapters on the history of health-care delivery, epidemics, blood, technology and disease, and how to research a question in medical history.

Duffin's book is just one of number of new histories of medicine published since 1997. Among these recent efforts are: *Western Medicine: An Illustrated History*, edited by Irvine Loudon (1997); Roy Porter's 831-page volume, *The Greatest Benefit to Mankind: A Medical History of Humanity from Antiquity to the Present* (1998); and *Histoire du Médecin*, a 328-page, richly illustrated coffee table book edited by Louis Callebat (1999). Unlike the Porter and Callebat histories which are written for a general audience, Duffin's book is geared specifically toward medical students. Where Porter and Callebat organized their texts chronologically (and Loudon's text is a series of essays on various themes such as "Childbirth," "Epidemics and the Geography of Disease," and "The Patient's View"), Duffin divides her chapters by specialties and medical subdisciplines. It is more like the Cecilia C. Mettler's 1947 *History of Medicine: A Correlative Text, Arranged According to Subjects*. Instead of proceeding through all of the history of medicine strictly chronologically, Mettler had chapters devoted to anatomy and physiology, pharmacology, pathology and bacteriology, physical diagnosis, medicine, neurology and psychiatry, venereology, dermatology, pediatrics, surgery, obstetrics and gynecology, ophthalmology, and, finally, otology and rhinolaryngology. In fact, Duffin acknowledges that her book's organization is not original and cites Mettler's much lengthier tome (1215 pages).

In its 432 pages, *History of Medicine* offers readers a primer, detailing the major developments in western medical history, often setting these historical efforts in a modern-day, medical context. For example, Duffin opens her chapter "History of Pharmacology," by telling of the 1991 exhumation of American President Zachary Taylor's body to

verify if he did, indeed, die of diarrhea in 1850 or if he had been poisoned by his physicians. "Stories like this one irritate me," she writes. "The writers presume that the patient was not seriously ill until after he sought medical drugs or bleedings and that the illness did not contribute to his demise." She goes on to point out that there are parallels to today's chemotherapy treatments for cancer. "Chemotherapy makes people vomit and lose their hair and reduces their immunity — and by the way, it also shrinks tumors. One of my teachers used to call it, 'poison with anti-cancer side effects'."

In addition to a number of illustrations, Duffin includes tables (ie. "Doctors' strikes or threatened strikes: A partial list" in her chapter on health-care delivery) and pull quotes to highlight key concepts and data. This contributes to the textbook "feel" of the book, always guiding the reader toward fulfilling the learning objectives for each "module" or chapter.

Each of the fifteen chapters includes suggestions for further reading, including non-English texts. Duffin sets other works on Canadian medicine apart for easy reference. She also includes three appendices: a list of Nobel prize winners in medicine, 1901 to 1998; resources and research tools in the history of medicine, including non-Western and alternative medical sources and some on-line resources; and a list, broken down by chapter, of the educational objectives of her text. These objectives mirror the list of "checks" found in the present-day medical curriculum and, no doubt, are familiar to any North American medical student.

As a textbook, *History of Medicine* meets the needs of its intended audience and offers suggestions on material, both print and electronic, for those who want to go beyond the "scandalously short introduction" given by Duffin. Although this is a book requested by and written for medical undergraduates, the language is clear, concise and almost conversational. It is devoid of medical jargon. With some foresight, Duffin ends her first chapter with the statement that some readers may find errors or their favorite topic missing; she encourages readers to "let me know and help to make the next edition better." As today's medicine becomes tomorrow's history, the next edition of Duffin's text will no doubt become "scandalously longer," bit by bit.

Marianne FEDUNKIW
University of Oxford